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Supplementary File 2: Stakeholder consultation protocol

What factors influence prescribing for children? A scoping literature review

Focus group protocol

Facilitators

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Format

The purpose of the focus group is to deepen and extend the findings of the scoping literature review. The focus group discussion will be semi-structured. We will offer findings from literature, and ask open questions about them to initiate group discussion. We will allow the discussion to flow, asking questions to clarify or develop participants' contributions, as necessary. We will use direct questions to participants to ensure that all have an opportunity to express their views.

Preamble

Thank you for agreeing to take part in today's focus group session. We have been investigating factors that makes prescribing for children particularly challenging, and how these factors lead to prescribing errors. We have been doing this by looking at existing published evidence using a scoping review format. We would like to build on these findings by incorporating your experiences, as practitioners who are involved in the prescribing process. To do this, we will briefly describe a factor that we have identified in literature, then ask you to discuss its relevance and impact on prescribing in your experience. There will be an opportunity to discuss additional issues that you think are important at the end. We welcome questions/requests to clarify at any stage.

We will ask about how you think factors discussed lead to unsafe prescribing. You are welcome to discuss prescribing errors from your own practice, or other errors that you are aware of, but you are under no obligation to do so. Any discussions will be treated confidentially by the researchers and other participants.

As previously discussed, the discussion will last up to 90 minutes. There will be a break for refreshments halfway through.

Initial topics for discussion

- Complex pharmacokinetics and pharmacodynamics in children
- Increased use of off-label prescribing in children
- Individualised dosing
- Complex calculations

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- Unfamiliarity with the paediatric population
- Absence of a computerised prescribing system
- 'Interface issues' children being admitted/discharged from the community
- Role of parents in prescribing for children

Opening questions for each topic?

How does this issue affect prescribing for children in your experience? Does this issue lead to prescribing errors in your experience?

Additional questions

To what extent do you feel the factors we have identified in literature reflect your experiences of why prescribing errors happen?

Are there other issues in prescribing for children that you feel are important?

Is there anything else that you would like to discuss that you feel is important to this topic?

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